

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		(1)		1			54						
5		(1)		1			55						
6		(1)		1			56						
7		(1)		1			57						
8		(1)		1			58						
9	1		1				59						
10		1					60						
11		1		1			61						
12	1		1				62						
13		1		1			63						
14		2		1			64						
15		2		1			65						
16		2		1			66						
17		(1)		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22	1		1				72						
23	1			1			73						
24		1		1			74						
25		2		1			75						
26	1			1			76						
27		(1)		1			77						
28	1		1				78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32	1		1				82						
33		1		1			83						
34		2		1			84						
35		(1)		1			85						
36	1		1				86						
37		1		1			87						
38		1		1			88						
39	1		1				89						
40		1		1			90						
41	1			1			91						
42	1			1			92						
43	1			1			93						
44	1			1			94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		10				TOTAL IND.						
TOTAL DEP.		31		31			TOTAL DEP.						
TOTAL CLAIMS			41				TOTAL CLAIMS						